

This EMT-Basic refresher meets and/or exceeds the USDOT and NREMT guidelines for refresher programs.

COURSE CANCELLATION

Should the program be canceled for any reason, you will be notified in advance by phone. If you have further questions regarding cancellations, please contact (603). 673.1087

COURSE PREREQUISITES

Make sure that you are eligible to take the EMT- Basic refresher course by checking to see if you have the following:

- ☐ Current NREMT-B or NREMT-I card
- ☐ Current Healthcare provider CPR card
- ☐ 48 hours of continuing education over the past two (2) years
- ☐ Pre-registration with MAS
- ☐ Payment options agreed upon before the start of class



Training and Community Education

1 Union Square
Milford, NH 03055
603.673.1087

MILFORD AMBULANCE SERVICE

TRAINING AND COMMUNITY EDUCATION DIVISION



EMT Refresher Program



EMT – BASIC REFRESHER PROGRAM

For many of you, it is that time of year again. Time to re-certify your EMT – Basic certification. If you are due to expire on March of this year, you need this program.

LOCATION

The program will be held at the Milford Town Hall on the third floor in the banquet hall. All class nights will be at that location unless otherwise specified.

DATES AND TIMES

Check website for most current dates and times for this program

Attendants MUST attend all program dates and times in order to obtain credit for the refresher.

WHAT TO BRING TO CLASS

Students are expected to bring the following items with them to class on the first night.

1. Current CPR Card
2. Social Security Number
3. National Registry Card

4. Payment for program Unless prior arraignments have been made with the Service Director. If you are not from MAS and require an invoice, you must notify MAS at least two weeks prior to the beginning of the course.



WHAT TO EXPECT

Students should dress in jeans or other comfortable clothing. This is an interactive course; one in which the students will actively participate.

Students may be required to complete homework and do some light research.



Last Name, First Name

Address State Zip

SS #

Home Phone# Work Phone #

E-mail address

NREMT Level

Call 603.673.1087